

setting aside every feeling of repugnance, he applied his mouth to the aperture, rendered very repulsive by a recent blister, drew with his breath the blood and pus which were obstructing the trachea, and replaced these obstructing fluids by a vigorous insufflation of air into the patient's lungs. This being repeated rapidly fifteen or twenty times, restored life to a corpse which revived amidst the deafening applause of a numerous concourse of pupils. Thoughtless of his besmeared face, and mouth impregnated with purulent matter, the skillful and generous surgeon would not think of himself until he was quite sure that his patient was beyond the danger of suffocation.

Those who witnessed this scene will hardly ever forget the prompt and truly philanthropic conduct of M. Ricord. The tracheal aperture was kept open by curved forceps, fixed by bands passing under the axilla; and the patient was put upon emollient fumigations and iodide of potassium. On the 9th, he could take broth, had no fever, and spoke. On the 11th, he smoked a pipe by stealth, spoke, and breathed somewhat through the nose: M. Ricord replaced the forceps by a canula. On the 14th, every one was astonished to witness the extraordinary effects of the iodide; the patient laid the canula aside, put on his cravat, and breathed easily through the nose. On the 22d he spoke and breathed with ease. The eventual cure was now no longer doubtful, and the patient was ordered to go on with the same treatment.—*L'Union Médicale*.

43. *Traumatic Tetanus treated by Chloroform*.—Dr. SAMUEL G. WILMOT relates, in the *Dublin Medical Press* (July 18, 1849), a case of acute traumatic tetanus in a boy 12 years of age, treated by chloroform. Its administration always afforded a temporary suspension of the spasms, but without the least permanent abatement of the disease, which terminated fatally.

44. *Case of Suffocation from the Closure of the Glottis by a Piece of Meat*. By R. P. COTTON, M.D.—A maid-servant, aged 23, in the family of a well-known surgeon at Kensington, was waiting at dinner, and after removing one of the dishes, ran hastily into the kitchen, in a state of extreme distress, which she was unable to explain otherwise than by pointing to her throat: in a few moments she fell upon the floor struggling violently, and in another minute was dead.

An opening was made with all possible expedition through the crico-thyroid membrane, but the moment when this might have saved, her life had unhappily fled. All was conjecture as to the cause of this painful event: the throat was examined without leading to an explanation; on looking into the mouth nothing but a large amount of saliva and mucus could be seen; and, although there was a suspicion of the real history of the case, nothing could decide it prior to the *post-mortem* examination.

On the following day, by an order from the coroner, I proceeded to examine the body, when the following appearances presented themselves:—

The face and neck were much congested, and of various shades of blue and purple, and the superficial veins generally distended with very dark blood, whilst the intervening skin was pale and flaccid.

Both the abdominal and thoracic cavities were in a healthy condition, but the organs within them greatly engorged with a dark fluid blood.

On removing the larynx with the neighbouring parts, a piece of meat, weighing about six drachms, was found firmly wedged in between the *alæ* of the thyroid cartilage, pressing the epiglottis downwards, and the arytenoids forwards, so as completely to close the opening of the glottis; the former was somewhat twisted upon itself, in such a way that, whilst one of its lateral margins was pushed downwards upon the posterior surface of the latter, the other was turned upwards, as if from a violent expiratory act, taking place probably as a last effort. The morsel was so firmly pressed forward beneath the base of the tongue, that had the mouth been opened during the struggles of the patient, it would certainly have escaped notice; and a probang passed down the *œsophagus* might easily have slipped over it unobserved. The piece of meat was of a triangular shape, and placed with the apex forwards, the base of the triangle measuring two inches and a quarter, which will sufficiently account for it not

passing the thyroid cartilage, the width of which, at the commencement of the superior cornua, does not commonly exceed an inch and a half, and is not very readily extended.

Although this case adds to the number of those chiefly interesting from its rarity, it is not without its practical lesson. Where sudden asphyxia occurs under similar circumstances, a recollection of it might lead to suspicion of the cause, and the life of the unfortunate person be preserved.

I think that in most instances it would be found an extremely difficult operation to remove the morsel with the fingers or forceps, and the attempt might increase the spasm, and be the means of losing the few precious moments at our disposal; certainly, in such a case as the present one, it would have been useless, even had the meat been less unfavourably situated, both from the urgency of the symptoms, and the violent struggles of the patient. I believe that laryngotomy or tracheotomy would be the proper practice, and might be performed with the less hesitation from the comparatively little risk attending it, as the opening could be closed very shortly after the real cause of danger had been removed, and which the operation itself might effect by admitting air from beneath, and thus forcing up the epiglottis.

It is an interesting question, whether the presence of foreign bodies lodged in the pharynx or upper part of the œsophagus, and pressing more or less upon the larynx or trachea, can produce suffocation by the supervention of spasm.

All the fatal accidents from imperfect deglutition on record, with, perhaps, one exception, have resulted from mechanical closure of the glottis; and as there is abundant evidence that pressure upon the vocal apparatus, produced by tumours, or foreign bodies lodged about the thyroid cartilage, has given rise only to stridulous breathing, far short of threatening suffocation, it may, perhaps, be inferred that, as a general rule, spasmodic action of the glottis, unless caused by a severe amount of obstruction, is insufficient to cause death. The truth can be ascertained only from experience; but the cases hitherto supposed to show that mere spasm may be fatal, are far from conclusive on the point. In that referred to above, which is recorded in the second volume of the 'Dublin Hospital Reports,' although but slight pressure existed upon the trachea, the right subclavian artery, which took an irregular course, was wounded by a piece of bone, and the consequent effusion of blood into the cellular membrane of the neck must have greatly complicated the result. Dangerous spasm would, of course, be less likely to result from tumours, in consequence of their gradual development; and in the case of foreign bodies, much might depend upon their position. If upon, or closely bordering to, the aperture of the glottis, a permanent spasm would be likely to result from the reflex attempt to resist their entrance, similar to what occurs from the presence of irrespirable gases, and in drowning; but if at a lower point, the muscular movements would more probably be of an irregular kind, chiefly directed to their dislodgement, and not so particularly to the protection of the glottis. As the matter, however, can be decided only by an examination of cases, and these are, happily, not very common, I considered the present one should be recorded; for although it does not deny the possibility of spasm, it contributes to the list of the few already known in which such did not produce the fatal result, and may thus afford negative evidence that death in such cases is comparatively rare from that cause.—*London Medical Gazette*, Dec. 8, 1848.

OPHTHALMOLOGY.

45. *On Sympathetic Ophthalmia.* By Prof. JACOB.—In treating of Inflammation of the eye from injury, the fact that such inflammation sometimes extends to the other eye should not be forgotten. The disease so propagated should even perhaps be noticed as a distinct species, or variety at least, of ophthalmia or iritis, in consequence of its origin, nature, and progress; and it is so considered by Dr. Mackenzie, who calls it SYMPATHETIC OPHTHALMIA, or *Iritis*